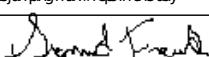
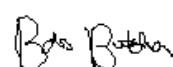
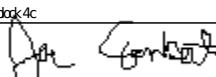


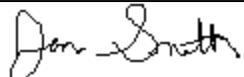
Sample Profile For Assignment To MED HOLD Comp

PHYSICAL PROFILE

For use of this form see AR 40-501; the proper agency is the Office of the Surgeon General.

1. MEDICAL CONDITION (Description in lay terminology)		<input checked="" type="checkbox"/> INJURY? OR <input type="checkbox"/> ILLNESS/DISEASE?	2. CODES (Table 7-2 AR 40-501)	3. Temporary Permanent	P	U	L	H	E	S	
Chronic Low Back Pain with Herniated Disc			7-2 AR 40-501	Temporary Permanent	3	1	3	1	1	1	
4. PROFILE TYPE										YES	NO
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Initial to 3 month duration)											X
b. PERMANENT PROFILE (Reviewed and validated as minimum with every annual physical exam after 5 years from the date of issue)											X
c. IF A PERMANENT PROFILE WITH 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS (AW CHAPTER 3 AR 40-501)? (IF USAF/ARNG/ANG 5 SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)										Needs MVR	Needs MEB/PB
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)											
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON											X
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform LBE, weapon protective mask, pack, etc.)											X
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT											X
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fit, & lift sandbags, etc.)											X
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE											X
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?											X
6. APFT	YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise NA)						YES	NO	
2 MILE RUN		X	APFT WALK						NA	X	
APFT SIT-UPS		X	APFT SWIM						NA	X	
APFT PUSH UPS		X	APFT BIKE						NA	X	
7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)											
UNLIMITED RUNNING		X	OR RUN AT OWN PACE & DISTANCE							X	
UNLIMITED WALKING		X	OR WALK AT OWN PACE & DISTANCE							X	
UNLIMITED BIKING		X	OR BIKE AT OWN PACE & DISTANCE							X	
UNLIMITED SWIMMING		X	OR SWIM AT OWN PACE & DISTANCE							X	
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)	X		9. LOWER BODY WEIGHT TRAINING (See FM 21-20)							X	
10. OTHER (eg Functional limitations and capabilities and other comments. May continue on page 2)				11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED							
No run/ruck/jump/lift > 20 lbs/sit ups/flutter kicks/ or activities that stress the lower back.				Lifting or carrying max weight 20 or _____							
PT OPAD, encourage swimming for PT PT HAS BEEN PROFILED FOR WELL OVER A YEAR FOR THIS CONDITION. RECOMMEND MEB.				Running maximum distance _____							
				Prolonged standing - maximum time per episode _____							
				Marching with standard field gear except rucksack max distance _____							
				Impact activities such as jumping max # reps in one day _____							
This temporary profile is an extension of a temporary profile first issued on _____											
12. TYPE NAME & GRADE OF PROFILING OFFICER EDWARD H. BAILEY, MAJ, MC				13. SIGNATURE 						14. DATE (MMYYMMDD) 20050801	
15. ACTION BY APPROVING AUTHORITY				X	APPROVED					NOT APPROVED	
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY ANDREW J. KOSMOWSKI, LTC, MC, DIVISION SURGEON				17. SIGNATURE 						18. DATE (MMYYMMDD) 20050801	
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501) THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS OR DUTY ASSIGNMENT										YES	NO
20. COMMENT											
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c											
21. TYPE NAME & GRADE OF UNIT COMMANDER JOE COMBAT, CPT, IN COMMANDING				22. SIGNATURE 						23. DATE (MMYYMMDD) 20050801	
24. PATIENT IDENTIFICATION (For typed or written entries give Name (last, first); grade; SSN; hospital or medical facility) DOE, JOHN L. SGT/E-5 123-45-6789				25. UNIT HHC, 1-87 IN						26. ISSUING CLINIC, PROVIDER EMAIL & PHONE NUMBER CTMC, FORT DRUM, NY (315) 772-3600/8411 EDWARD BAILEY	
										PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MUPO.	

Sample LOD For Assignment To MED HOLD Comp

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS <small>For use of this form see AF 8038-1, the parent agency is DCSPER</small>			
THRU: <small>(Include ZIP Code)</small> HOMER R. SIMPSON		TO: <small>(Include ZIP Code)</small> COMMANDER, 10th MTN DIV (LI) ATTN: AFZS-PR-CAC FORT DRUM, NY 13602	FROM: <small>(Include ZIP Code)</small> COMMANDER: USA MEDDAC ATTN: MCID-PA FORT DRUM, NY 13602
1. NAME OF INDIVIDUAL EXAMINED <small>(Last, First, and Middle Initial)</small> HOMER R. SIMPSON		2. SSN 001-02-003	3. GRADE E-5
4. ORGANIZATION AND STATION 2-112 IN BN, FORT DRUM, NY 13602		5. ACCIDENT INFORMATION a. DATE 18 FEB 2002 b. PLACE <small>(City and State)</small> Fort Drum, NY	
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR			
6. INDIVIDUAL WAS <input checked="" type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON		7. NAME OF HOSPITAL OR TREATMENT FACILITY Guthrie Army Medical Clinic	
8. HOUR AND DATE ADMITTED 1800 18 FEB 2002		9. HOUR AND DATE EXAMINED 1930 18 FEB 2002	
10. NATURE AND EXTENT OF ERGOPHOBIA		<input type="checkbox"/> INJURY <input checked="" type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH	
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input checked="" type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> DRUGS <small>(Specify)</small> <small>(Attach Psychiatric evaluation if appropriate.)</small> b. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT MENTALLY SOUND c. INJURY <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE d. INJURY <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION: PRESUMPTIVE			
12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input checked="" type="checkbox"/> PERMANENT TOTAL		13. BLOOD ALCOHOL TEST MADE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD NONE
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE <small>(how, where, when)</small> On 18 FEB 02 SM sustained psychiatric trauma while working on monthly USR report. There was no prior HX of psychiatric illness.			
16. DATE 19 MAY 2002	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR JOAN P. SMITH, SPC, USA, PAD	18. SIGNATURE 	
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER			
19. DUTY STATION <input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY		20. HOUR AND DATE OF ABSENCE a. FROM b. TO	
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY <small>(Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance.)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO			
22. INDIVIDUAL WAS ON <input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY/TRAINING		23. HOUR AND DATE TRAINING a. BEGAN b. ENDED	
24. RESERVIST DIED IN INJURIES RECEIVED PROCEEDING		<input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING	
25. MODE OF TRANSPORTATION		26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED
28. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY			
30. DETAILS OF ACCIDENT - REMARKS <small>(If additional space is needed, continue on reverse.) (Attach enclosures as necessary)</small> Based on a review of applicable medical documents, there is no evidence to suggest that alcohol, drug usage or misconduct contributed to the listed injury. Therefore the presumption of IN LINE OF DUTY applies. BY THE AUTHORITY OF THE SECRETARY OF THE ARMY.			
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY <small>(Not applicable on death)</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
33. DATE 18 Feb 2002	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER BILLY BOB REDNECK, 1LT, MS, Chief, PAD	35. SIGNATURE 